



Play It Forward Basketball Camp

Student-Athlete's Name _____

Address _____

City _____ Zip _____

Parent email address _____

Parent/Guardian's Name _____

Parent/Guardian's Phone _____

Emergency Contact's Name _____

Emergency Phone _____

Does the Player Have Asthma? (Circle One) Yes No

In case of emergency, do you want the clinic directors to seek medical care?

(Circle One) Yes No

Physician _____ Phone _____

LIABILITY WAIVER: I am aware that participation in the Play It Forward Basketball Camp has some inherent risks and injury can occur. On rare occasions, these injuries can be serious. In consideration of my child being allowed to participate in the Play It Forward Basketball Camp, I, the parent/guardian, assume the risk of all injury and agree not to sue Play It Forward Basketball, the camp directors, coaches, assistant coaches, agents, or volunteers for any and all injuries caused by or resulting from participating in the Play It Forward Basketball Camp. By signing this waiver, I also authorize the use of pictures of the above-named participant to be posted on the Play It Forward Basketball web site or advertising media published by Play It Forward Basketball.

Parent/Guardian Signature _____

Date _____

Play It Forward Basketball

Scottsdale, Arizona, Phone (480) 717-7376 - <http://playitforwardbasketball.com>